

General

Title

Wellness and health promotion: percentage of individuals 18 years of age and older who have at least one of three core risks (obesity, smoking or tobacco use, physical inactivity) and who have at least one interactive contact in a wellness and health promotion program during the program period.

Source(s)

National Committee for Quality Assurance (NCQA). Technical specifications for wellness & health promotion. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

Measure Domain

Primary Measure Domain

Population Health Quality Measures: Population Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of individuals 18 years of age and older who have at least one of three core risks (obesity, smoking or tobacco use, physical inactivity) and who have at least one interactive contact in a wellness and health promotion program during the program period.

Rationale

Increasing the rates at which individuals with health risks participate in health promotion interventions can be critical to the success of a health promotion program. Health promotion programs are seen as a national priority, demonstrated by their inclusion in Healthy People 2020. The relevant Healthy People 2020 goals are to increase the proportion of worksites that offer an employee health promotion program to their employees and increase the proportion of employees who participate in employer-sponsored health promotion activities (Office of Disease Prevention and Health Promotion [ODPHP], 2016).

Research demonstrates that there is sufficient evidence of the clinical and cost-effectiveness of health promotion programs (Aldana, 2001; Chapman, 2005; Pelletier, 2005), and that greater participation in health promotion programs results in better health-related outcomes and lower costs (Goetzel et al., 2002; Ozminkowski et al., 2000; Serxner et al., 2003; Yen et al., 2006).

In addition, the Community Preventive Services Task Force (established by the U.S. Department of Health and Human Services in 1996 to identify population health interventions that are scientifically proven to save lives, increase lifespans, and improve quality of life) recommends:

"Worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees" (The Guide to Community Preventive Services, 2007) and,

"Worksite-based incentives and competitions when combined with additional interventions to support individual cessation efforts based on strong evidence of effectiveness in reducing tobacco use among workers" (The Guide to Community Preventive Services, 2005).

Despite the evidence, participation in health promotion programs can vary by organization, over time and by type of incentive offered (Chapman, 2006; Stein, Shakour, & Zuidema, 2000).

Evidence for Rationale

Aldana SG. Financial impact of health promotion programs: a comprehensive review of the literature. *Am J Health Promot.* 2001 May-Jun;15(5):296-320. [PubMed](#)

Chapman L. Employee participation in workplace health promotion and wellness programs: how important are incentives, and which work best?. *N C Med J.* 2006 Nov-Dec;67(6):431-2. [PubMed](#)

Chapman LS. Meta-evaluation of worksite health promotion economic return studies: 2005 update. *Am J Health Promot.* 2005 Jul-Aug;19(6):1-11. [PubMed](#)

Goetzel RZ, Ozminkowski RJ, Bruno JA, Rutter KR, Isaac F, Wang S. The long-term impact of Johnson & Johnson's Health & Wellness Program on employee health risks. *J Occup Environ Med.* 2002 May;44(5):417-24. [PubMed](#)

Office of Disease Prevention and Health Promotion (ODPHP). *HealthyPeople.gov*. [internet]. Washington (DC): U.S. Department of Health and Human Services; [accessed 2016 Feb 05].

Ozminkowski RJ, Goetzel RZ, Smith MW, Cantor RI, Shaughnessy A, Harrison M. The impact of the Citibank, NA, health management program on changes in employee health risks over time. *J Occup Environ Med.* 2000 May;42(5):502-11. [PubMed](#)

Pelletier KR. A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: update VI 2000-2004. *J Occup Environ Med.* 2005 Oct;47(10):1051-8. [PubMed](#)

Serxner SA, Gold DB, Grossmeier JJ, Anderson DR. The relationship between health promotion program participation and medical costs: a dose response. *J Occup Environ Med.* 2003 Nov;45(11):1196-200. [PubMed](#)

Stein AD, Shakour SK, Zuidema RA. Financial incentives, participation in employer-sponsored health promotion, and changes in employee health and productivity: HealthPlus Health Quotient Program. *J Occup Environ Med.* 2000 Dec;42(12):1148-55. [PubMed](#)

The Guide to Community Preventive Services. Obesity prevention and control: worksite programs. [internet]. Atlanta (GA): The Community Guide; 2007 Feb [accessed 2016 Feb 05].

The Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: incentives and competitions to increase smoking cessation among workers. [internet]. Atlanta (GA): The Community Guide; 2005 Jun [accessed 2016 Feb 05].

Yen L, Schultz AB, McDonald T, Champagne L, Edington DW. Participation in employer-sponsored wellness programs before and after retirement. Am J Health Behav. 2006 Jan-Feb;30(1):27-38. [PubMed](#)

Primary Health Components

Health appraisal; core risks; obesity; smoking; tobacco use; physical inactivity; health and wellness promotion intervention

Denominator Description

Individuals 18 years of age and older during the program period who completed the health appraisal (HA) during the program period and have at least one of the three core risks (obesity, smoking or tobacco use, physical activity) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Individuals who had at least one interactive contact in a wellness and health promotion intervention for a core risk during the program period (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All of the National Committee for Quality Assurance's Wellness and Health Promotion measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the NCQA's Committee on Performance Measurement and Board of Directors.

Evidence for Extent of Measure Testing

Williams-Bader J. (Director, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2016 Jul 6. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Other

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Framework for Public Health Quality

Public Health Aims for Quality

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Healthy People/Healthy Communities

National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Program Period: The period when the Wellness and Health Promotion (WHP) program is administered for an employer or plan sponsor, usually a 12-month span from the beginning of the contract period to the end of the contract period. The program must end in the calendar year prior to the reporting year.

Denominator Sampling Frame

Organizationally defined (non-health care organizations)

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Individuals 18 years of age and older during the program period who completed the health appraisal (HA) during the program period and have at least one of the three core risks (obesity, smoking or tobacco use, physical activity)

Note: *Continuous Eligibility*: The program period.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Individuals who had at least one interactive contact in a wellness and health promotion intervention for a core risk during the program period

Note:

Include only interactive contacts specific to an individual's core risk status.
Refer to the original measure documentation for examples of acceptable interactive contacts.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Other

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

Basis for Disaggregation

This measure is disaggregated based on different definitions of the denominator and numerator.

Denominator. The eligible population reported by the following core risk categories and number of core risks:

- Obesity
- Smoking or tobacco use
- Physical inactivity
- One core risk
- Two core risks
- Three core risks

Numerator. Report the total number of interactive contacts by the following modes of communication:

- Telephone
- In-person
- Online
- Mail-based
- Total contacts

Include only interactive contacts specific to an individual's core risk status.

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Participation (PAR).

Measure Collection Name

Wellness and Health Promotion Performance Measures

Measure Set Name

Participating in Wellness and Health Promotion Interventions

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2014 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available for purchase from the [National Committee for Quality Assurance \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on June 3, 2016. The information was verified by the measure developer on July 8, 2016.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the measures, refer to the *Technical Specifications for Wellness & Health Promotion*, available for purchase from the [National Committee for Quality Assurance \(NCQA\) Web site](#) .

Production

Source(s)

National Committee for Quality Assurance (NCQA). *Technical specifications for wellness & health promotion*. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse[®] (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened

solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.